

File with:
Iowa Ethics and Campaign
Disclosure Board
610 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 PM 3:13

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Sarah Klein

Political Party (if applicable)

Republican

Office Sought

Statehouse

District (if Senate or House)

89

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1705</u>
Logged In	
Scanned	
Computer	<u>WKS</u>
Audited	<u>4-3-09</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Rachel Klein

515-689-0353

1/20/09

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19th REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 2

☒ CHECK IF AMENDMENT TO REPORT DATED January 19th 2009

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 14,235.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,655.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 15890.83

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

15170.46

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

720.37

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

19520.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
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☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/3/08	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Automated calls	\$ 948.28	<input type="checkbox"/>
11/1/08	Republican Party of Iowa 621 East 9th Des Moines IA 50309		media, TV radio ads	7,777.04	<input type="checkbox"/>
12/8/08	Republican Party of Iowa 621 East 9th Des Moines IA 50309		Direct Mail	2,786.31	<input type="checkbox"/>
12/31/08	Republican Party of Iowa 621 East 9th Des Moines IA 50309		Newspaper Ad design	500.00	<input type="checkbox"/>
12/31/08	Republican Party of Iowa 621 East 9th Des Moines IA 50309		Direct Mail	7,609.25	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule)\$
19520.00IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 PM 3:13

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

File with:
Iowa Ethics and Campaign
Disclosure Board
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Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 JAN 20 AM 11:20

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

IMPORTANT: Indicate by # type of committee you are reporting for.

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Sarah Klein

Political Party (If applicable)

Republican

Office Sought

Statehouse

District (if Senate or House)

89

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1705</u>
Logged in	<u>S</u>
Scanned	<u>WKS WKS</u>
Computer	<u>4-3-09</u>
Audited	<u>WKS</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Rachel A Klein
SIGNATURE OF PERSON FILING REPORT

515-689-0353
TELEPHONE

1/16/09
DATE SIGNED

I AM FILING A January 19th, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 14,235.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,655.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

15,170.46

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

720.37

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

11,511.63

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)**Klein For Statehouse

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(4), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 11/1/08	ID# 9106 CK#	Johnson County Republicans 1919 N Ridge Dr Coralville IA 52241		\$1000.00	<input type="checkbox"/>
11/1/08	ID# CK#	Deb Miller 708 E Harrison St Washington IA 52353		30.00	<input type="checkbox"/>
✓ 11/1/08	ID# 9187 CK#	Washington County Republicans 2160 190th St Washington IA 52353		500.00	<input type="checkbox"/>
11/13/08	ID# CK#	Washington County Republican Women 2160 190th St Washington IA 52353		100.00	<input type="checkbox"/>
11/13/08	ID# CK#	Judy Kay Young 742 E Main St Washington IA 52353		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1655.00

TOTAL (If last page of this schedule)

\$1,655.00

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Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/08	ID# CK# 555	Sared Gamble New Jersey	Ad reimbursement	\$1207.84
11/1/08	ID# CK# 556	Sared Gamble New Jersey	Postage	13346.80
11/3/08	ID# CK# 557	Clarion Plainsman Newspaper 107 S. Richland St Richland IA 52585	Ads	214.20
11/11/08	ID# CK# 558	Sared Gamble New Jersey	Reimbursement	401.62
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$15,170.46
TOTAL (If last page of this schedule)				\$15,170.46

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Klein For Statehouse

SCHEDULE

E

(Rev. 08/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/3/08	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Automated calls	\$ 948.28	<input type="checkbox"/>
11/1/08	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		media, TV radio ads	7,777.04	<input type="checkbox"/>
12/8/08	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Direct Mail	2,786.81	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last

\$

page of this
schedule)

11511.63

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 Page 1 of 1
(for Schedule E)